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DRUGS, MENTAL ILLNESS, AND ALIENATION

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Drugs, Mental Illness, and Alienation\*

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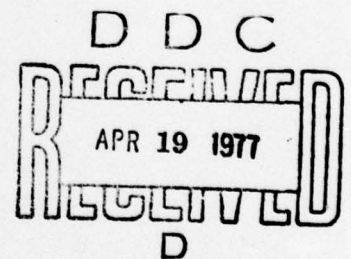
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## Drugs, Mental Illness, and Alienation\*

### Synopsis

The interrelationship of drug use, psychiatric illness, and alienation was examined in a cohort of high achieving university undergraduates. Thirteen percent of the subjects had experienced mental illness at some time in their life, usually affective disorder. Three levels of drug use were identified: no involvement, use of marijuana only, and multi-drug use. Drug taking was associated with a family history of illicit drug use and alcoholism, with active political and sexual involvement, with antisocial behavior and with alienation. Psychiatric illness in the subjects was associated with familial psychiatric disorder and alienation. The data suggest that drug use can be a component of an active process of maturation, or, when coupled with a lack of self control, an indicator of personal morbidity.

## Drugs, Mental Illness, and Alienation\*

### Introduction

Drug use is a widespread phenomenon reaching into all social strata (Berg, 1970). Drug taking patterns on the college campus have been intensively studied with an estimated prevalence approaching 70 percent to 80 percent with rapid increases over short time spans (Goode, 1972; Gallup Poll, 1972). Many users begin with and limit their drug use to occasional intakes of marijuana, but up to 50 percent experiment with other illicit drugs (Martino and Truss, 1973).

Investigators have not conclusively established the causes of drug use. One reason for this lack of concensus is that factors found associated with drugs are assumed to be of causal importance on the basis of tentative or inadequate data.

Two factors which have been implicated in drug use are mental illness and alienation from family (Crowley, 1972) and from society (Walters et al., 1972; Rouse and Ewing, 1973). Psychiatric morbidity has been associated with campus drug use because drug-taking students and campus mental health service patients are demographically similar, and because mental illness and illicit drug use have been reported in the same individuals (Schuckit et al.,

1973). Alienation has also been implicated as an important factor in psychiatric illness (Schuckit and Gunderson, in press).

The present investigation evaluates the relationship of drug use to psychiatric illness and alienation among undergraduates on one of two college campuses (Schuckit et al., 1973; Schuckit et al., in press; Herrman and Hineman, 1973), utilizing information from the first two years of a four-year prospective study.

#### Methods

The subjects were randomly selected incoming freshmen at the University of California, San Diego. Of the 230 originally chosen, 224 (119 men and 105 women), 79 percent of whom were Caucasian, were interviewed and are being prospectively followed with yearly personal follow-up interviews throughout their college career in San Diego.

Two specially trained graduate students administered a 90-minute, structured, personal interview to the subjects during their freshman year in the Fall of 1971 to obtain demographic information, social and family history, personal medical, psychiatric, and academic background, and drug use history. Two students refused to give drug information leaving a total of 222 subjects for this study. The one-hour yearly follow-up interview, eliciting the same information for the interval year, was given at the beginning of the sophomore year to 188 students, which included all but three of the 191 subjects still residing in San Diego.

The frequency of use of all unprescribed drugs was recorded both study years. Subjects who had never taken an illicit drug were classified separately from those who had. Since multi-drug users tend to take drugs

more frequently and to have more drug related problems than users of marijuana only (Rouse and Ewing, 1972), the drug taking group was subdivided into students who took more than one type of illicit drug and those who limited their drug intake to marijuana. Thus, subjects were divided into three groups: Abstainers (AB), Marijuana-only users (MJ), and Multiple Drug users (MD).

Within each of these three categories, students were classified as "ill" or "well" depending on whether or not they had ever experienced a psychiatric illness. Psychiatric illness for all students and their families was determined from the interview by a psychiatrist using stringently defined research criteria (Feighner et al., 1971). The most frequent diagnosis, depression, was made if a dysphoric mood plus at least five symptoms (e.g., weight loss, insomnia, inability to concentrate, etc.) occurred for at least two weeks in the absence of pre-existing psychiatric illness, medical illness, and heavy drug use.

The findings were summarized in three tables and analyzed by chi square. Within each table, the AB, MJ, and MD groups were compared on each variable. Significant differences among these three groups were shown by an asterisk at the left-hand side of the row. The well and ill subgroups within each drug category were also compared. Significant differences between the subgroups were indicated in the numerical area of the tables, beneath the appropriate drug group.

### Results

The subjects and their families showed substantial academic achievement.

Seventy-four percent of the students had been in the top 10 percent of their high school graduating class and 88 percent had received high school honors. The fathers of 65 percent had attended college, and 78 percent of these had received degrees (Herrman and Hineman, 1973).

By the Autumn of their sophomore year, 76 of the original 224 students (34 percent) had not used any illicit drug (AB group), 92 (41 percent) had used marijuana only (MJ group), and 54 (24 percent) had used marijuana and at least one other drug (MD group). The drop out and transfer students who were not interviewed during the second year of the study were classified on the basis of information obtained during the initial interview.

Eleven men and 18 women (13 percent) had experienced a psychiatric illness some time during their lives, 86 percent with a diagnosis of depression.

Table 1 shows psychiatric illness in the immediate family members of students in each of the six drug use/psychiatric illness categories. The MD group was the only category in which the proportion of students in the ill subgroup was significantly higher than for the other two groups. In the MJ group there were significantly more women in the ill subgroup, and in both drug using groups there were more men, but the difference was not statistically significant.

There was no overall correlation between a history of psychiatric illness (exclusive of drug and alcohol abuse) in first degree family members and student drug grouping. However, drug users, especially MD students, were more likely than AB's to have a family history of alcoholism, drug abuse (drug-related problems), and illicit drug use. Within the three drug categories, students with psychiatric illness showed more familial psychiatric

illness, but no consistent increase in family drug abuse, and, with the exception of the abstainers, no increase in the family rate of alcoholism.

(Insert Table 1 about here.)

Table 2 reveals social, sexual, and political characteristics for the six groups. Students with drug experience, especially those in the MD group, reported earlier onset of sexual experience and a tendency towards more regular and extensive sexual contact. Active participation in poverty, environmental, anti-draft, and anti-Vietnam movements was reported more often by drug users than by abstainers. The former were more accepting of active protests, such as flag burning and anti-ROTC demonstrations.

Within the three drug groups, students with a history of psychiatric illness showed no differences from the remaining students on sexual characteristics. Students in the ill category were more likely to condone flag burning and anti-ROTC demonstrations than well students, but they were not more active politically.

(Insert Table 2 about here.)

As shown in Table 3, the degree of drug involvement varied directly with the students' perceived distance from the life style, religious beliefs, political views, and goals of their parents. Drug users were more likely than non-users to feel that their parents could not communicate effectively with them, understand them, or show them affection. MD students tended to show greater alienation from their parents than the NJ's did. Drug users, especially those in the MD group, tended to participate less actively in organized religion, and to be more uncomfortable with their own religious beliefs.

In regard to societal factors, drug users, especially the MD;s, were involved in more anti-social activities and problems at school, on the job, and with the police. About two-thirds of the well subgroups, but only one-half of the ill subgroups, felt they could find a comfortable place in American society if it remains unchanged.

Compared with well students within each drug use category, students with a history of illness felt more alienated from their parents' life goals, indicated less parental affection and understanding towards them, felt less able to talk with their parents, and showed a trend towards more truancy. Students in the MD group with psychiatric illness had the most social problems.

(Insert Table 3 about here.)

#### Discussion

This investigation demonstrated a number of associations among drug use, psychiatric illness, and alienation. Generalizations to other populations must be made with caution since the subjects are academically elite and therefore may not be representative of other student populations.

The association between drug use per se and psychiatric illness was not impressive. The multiple drug users showed a moderate excess of personal psychiatric problems (mostly depressive illness), but no excess of familial psychiatric problems. If drug use were a manifestation of the development of psychiatric illness, we would have expected to see also an excess of familial psychiatric illness, since such disorders run in families (Rimmer and Schuckit, 1971). Since there was no increased familial psychiatric illness in either of the drug using groups, it appears from the results of this

study that drug use is usually not a manifestation of the development of formal psychiatric disorder. However, the high rate of family history of alcoholism and drug abuse found among those in the MD group suggests that they are high risk for development of these syndromes, since they also tend to run in families (Feighner et al., 1971). A pattern of multiple drug intake may be the first indication of development of these syndromes in a college population.

Consistent with the findings of previous studies (Walters et al., 1972; Rouse and Ewing, 1973; Berman and Benierakis, 1972; Goode, 1972a) drug users had more sexual experience and were more politically active and rejecting of established religion. They also reported diverse rejection of parental values and a tendency toward more troublesome behavior at school, at work, and with the police. All of these were more prevalent for the MD than for the MJ group. Despite these overt manifestations of dissidence, students in the two drug using groups generally felt they could be comfortable in today's society.

Students with a history of psychiatric problems also reported more dissident political values, even when drug category was controlled. However, the ill subgroups did not show an increase in political activism, sexual activity, or rejection of religion. Problem behavior at school, with the police, or on the job was more closely associated with drug taking than with psychiatric illness, whereas feelings of discomfort with society and parents were more closely associated with psychiatric illness. In short, illness was linked with expression of unhappiness and drug use with expression of dissidence.

It is commonly asserted that adolescents and young adults use drugs and take other risks as an expression of rebellion. The drug users in this study were critical of certain established values, including, presumably, injunctions against the use of mind-altering substances. However, there was a difference between the two drug using groups. The MJ group, by definition, limited illicit drug intake to marijuana, and rejected substances believed to be more dangerous than cannabis. In contrast, the MD group did not limit their drug use to marijuana and were involved more often in other socially disapproved actions. While a critical mind and an experientially oriented life style may be positive attributes when well-circumscribed and controlled, they may be maladaptive when not tempered by moderation. The multi-drug use and antisocial behavior noted in the MD group might indicate that they have difficulty in exercising moderation. The family history of increased rates of alcoholism and drug abuse suggests that the lack of control is a characteristic of their families. If this hypothesis is correct, it may be possible to use social histories and problems in family members as indicators of students at highest risk for future drug and alcohol problems.

#### Conclusion

While an association between critical attitudes and drug use has been demonstrated, the relationship may not reflect a student's alienation from society. Circumscribed experimentation with drugs may be a component of an active process of maturation which, when coupled with moderation, is a positive attribute. When coupled with a familial propensity towards alcoholism, drug misuse, or an inability for self control, the same life style may lead to frequent use of multiple drugs with its inherent personal morbidity.

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Footnote

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Table 1

Family Psychopathology in Student Groups by  
Drug Use Category and Psychiatric Status

	<u>Abstainers</u>		<u>Marijuana Only</u>		<u>Multiple Drugs</u>	
	<u>Well</u>	<u>Ill</u>	<u>Well</u>	<u>Ill</u>	<u>Well</u>	<u>Ill</u>
Male	45 <sup>a</sup>	38	55*	20	73	58
Psychiatric illness in family	16	38	20**	60	26	33
Alcoholism in family**	3**	25	18	20	26	25
Drug abuse in family	7	0	6	20	17	25
Illegal drug use in family***	25	25	49	40	69	75
Number of cases	68	7 (9%)	82	10 (11%)	82	12 (22%)
Total cases	76		92		54	

<sup>a</sup>Percentages: e.g., 45% of Well Abstainers were male.

\*p < .05

\*\*p < .01

\*\*\*p < .001

Table 2

Social, Sexual, and Political Characteristics of Student Groups by Drug Use and Psychiatric Status

	<u>Abstainers</u>		<u>Marijuana Only</u>		<u>Multiple Drugs</u>	
	<u>Well</u>	<u>Ill</u>	<u>Well</u>	<u>Ill</u>	<u>Well</u>	<u>Ill</u>
<u>Sexual Behavior</u>						
Intercourse***	29 <sup>a</sup>	14	52*	90	74	60
Homosexual experience	1	0	1	0	2	8
First sex before age 16***	1	0	5	0	12	8
Current sex regularly	7	12	11	20	31	25
Women using contraceptive pills	10	20	19	50	40	20
<u>Political Activities</u>						
Draft***	3	0	8	10	17	25
Vietnam	10	0	22	40	55	42
Poverty**	4	0	15	0	24	25
Environment**	22	12	44	30	43	50
<u>Extracurricular Involvement</u>						
Service	46	38	28	50	31	33
Social	24	12	24	10	14	17
Athletic	57	50	63*	30	60*	25
<u>Political Opinions</u>						
ROTC should be abolished*	21	25	29*	60	40	50
Condone flag burning**	38	100	50	90	69	83
Number of cases	69	7	82	10	42	12
Total cases	76		92		54	

<sup>a</sup>Percentages

\*p < .05

\*\*p < .01

\*\*\*p < .001

Table 3

Alienation Indicators of Student Groups by  
Drug Use Category and Psychiatric Status

	<u>Abstainers</u>		<u>Marijuana Only</u>		<u>Multiple Drugs</u>	
	<u>Well</u>	<u>Ill</u>	<u>Well</u>	<u>Ill</u>	<u>Well</u>	<u>Ill</u>
<u>Parent/Student Differences</u>						
Religion	13 <sup>a</sup>	12	18	30	38	17
Politics*	21	0	17*	50	36	42
Life goals**	7	12	2***	30	12***	58
Life style***	21	25	24	10	48	67
<u>Parental Characteristics</u>						
Lack understanding	7	0	8	10	7	33
Show little affection	7	25	11	20	14**	50
Unable to communicate	15	25	26	30	31	50
<u>Religion</u>						
None at present	15	25	27	50	31	33
Uncomfortable in present religion	69*	25	49	50	48	67
<u>Anti-social Characteristics</u>						
Frequent truancy: Grades 1-6	7	0	5	0	10*	33
Grades 10-12***	10	2	8	10	29	42
Suspended or expelled	6	0	4	0	10	17
Police problems***	1	0	2	10	17	25
Fired from job	4	0	5	0	5	25
Not comfortable in American society	32	50	35	50	31	50
Number of cases	69	7	82	10	42	12
Total cases	76		92		54	

<sup>a</sup>Percentages

\*p &lt; .05

\*\*p &lt; .01

\*\*\*p &lt; .001

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